

# Licensure Status of Health Services

## Reviewed by Certificate of Need In the State of Washington

### Acute Inpatient

*Medical-Surgical Licensed Beds*  
*Rehabilitation (Level I)*  
*Psychiatric (licensed)*  
*Obstetrics (Level II & III)*  
*Pediatrics (specialty)*  
*Substance abuse (adult)*  
*Substance abuse (child/adolescent)*  
*Intensive care unit (ICU)/Critical care unit*  
*Neonatal ICU (Level II & III)*  
*Adult ICU*  
*Pediatric ICU*  
*Burn Units (specialty)*  
*Specialty hospitals (heart, orthopedic, surgical)*

Licensed by DoH and subject to CoN  
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No such category of facility (all hospitals lic. by DoH)

### Long Term Care

Subacute care (**Medicare distinct part**)  
 Boarding homes (assisted living facility)  
 Specialty care assisted living facility  
 Intermediate care mentally retarded facility  
*Long term care hospital*  
*Nursing homes*  
 Swing beds (>5 beds)  
 Residential care facility  
 Psychiatric residential treatment facility  
 Continuing care ret. center (**5-yr Medicaid life care req**)  
 Adult family homes

If within a hospital, Licensed by DoH and subject to CoN  
Licensed by DSHS, no CoN required  
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Licensed by DoH, no CoN required

### Medical Equipment

*Cyber knives*  
*Computed tomography (CT) scanners*  
*Gamma knives*  
 Hyperbaric chambers  
*Magnetic resonance image scanners*  
*Positron Emission Tomography (PET) scanners*  
*PET/CT scanners*  
*Linear accelerators*  
*Robotic Surgery*  
 Ultrasound  
 Heart-lung bypass machines

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### Outpatient Services

*Freestanding emergency departments*  
*Freestanding radiological service centers*  
 Behavioral health services  
 Opiate replacement treatment facilities (methadone)  
*Urgent care facilities*  
*Diagnostic imaging centers*  
*Oncology (Cancer) Treatment Centers*  
*Substance Abuse Services*  
 Community clinic

No license required by DoH, no CoN required\*\*  
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Note 1: reviewed in the State of Washington, *italics* referenced in statute as service to be considered.

\*ASC require CoN if they are not within a private or group practice for its exclusive use.

\*\* If they qualify these facilities may be licensed as part of a hospital.

Note 2: sub-services provided within a hospital are not uniquely licensed, instead covered under the general hospital license.

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(continued)

### Procedures

<i>Diagnostic cardiac catheterization</i>	<u>No license required by DoH, No CoN required</u>
<b><i>Therapeutic cardiac catheterization</i></b>	<u>Licensed by DoH and subject to CoN</u>
<b><i>Elective angioplasty</i></b>	<u>Licensed by DoH and subject to CoN</u>
<i>Primary/emergent angioplasty</i>	<u>Licensed by DoH, no CoN required</u>
<i>Lithotripsy</i>	<u>No license required by DoH, No CoN required</u>
<b><i>Kidney treatment centers (including hemodialysis)</i></b>	<u>Medicare-certified and subject to CoN</u>

### Surgery

<i>Cardiac</i>	<u>Licensed by DoH, no CoN required</u>
<i>General Inpatient</i>	<u>Licensed by DoH, no CoN required</u>
<b><i>Outpatient (any freestanding ambulatory)</i></b>	<u>No license required by DoH, No CoN required*/**</u>
<i>Outpatient (hospital)</i>	<u>No license required by DoH, No CoN required**</u>
<b><i>Open heart (adult)</i></b>	<u>Licensed by DoH and subject to CoN</u>
<b><i>Open heart (pediatric)</i></b>	<u>Licensed by DoH and subject to CoN</u>
<b><i>Solid organ transplant (adult)</i></b>	<u>Licensed by DoH and subject to CoN</u>
<b><i>Solid organ transplant (pediatric)</i></b>	<u>Licensed by DoH and subject to CoN</u>
<b><i>Bone marrow/stem cell transplants</i></b>	<u>Licensed by DoH and subject to CoN</u>
<b><i>Single-specialty freestanding ambul. surgery centers</i></b>	<u>No license required by DoH, No CoN required*/**</u>
<i>Physician practice office-based surgery</i>	<u>No license required by DoH, No CoN required</u>

### Other Services

<b><i>Home health care (Medicare/Medicaid eligible)</i></b>	<u>Licensed by DoH and subject to CoN</u>
<b><i>Hospice care centers (inpatient)</i></b>	<u>Licensed by DoH and subject to CoN</u>
<b><i>Hospice agencies (outpatient, Medicare/Medicaid)</i></b>	<u>Licensed by DoH and subject to CoN</u>
<i>Air ambulance</i>	<u>Licensed by DoH, no CoN required</u>
<i>Information technology</i>	<u>No license by DoH not subject to CoN</u>
<i>Medical office buildings</i>	<u>No license by DoH not subject to CoN</u>
<i>Emerging technology and new service categories</i>	<u>No license by DoH not subject to CoN</u>
<i>Research and demonstration projects</i>	<u>No license by DoH not subject to CoN</u>

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